**COVID-19 Domestic Workforce Safety Plan
& Domestic Workplace Guidelines
April 2022**

Table of Contents

PURPOSE AND OVERVIEW

The health and safety of the USAID workforce is the Agency's highest priority. The USAID COVID-19 Domestic Workforce Safety Plan and Domestic Workplace Guidelines (Safety Plan) is intended to provide public health rules of behavior and organizational guidelines for all who enter USAID domestic facilities. The Safety Plan guidelines cover all USAID domestic facilities in the National Capital Region (NCR) and apply to USAID employees, contractor staff, and visitors (USAID staff assigned overseas are to follow the relevant U.S. Department of State (DoS) and Department of Defense protocol for their duty station).

The Safety Plan guidelines rely on authoritative guidance from the Centers for Disease Control and Prevention (CDC) within the U.S. Department of Health and Human Services (HHS), the Occupational Safety and Health Administration (OSHA) within the U.S. Department of Labor (DoL), the Office of Personnel Management (OPM), the General Services Administration (GSA), the Safer Federal Workforce Task Force (SFWTF), and other sources to help prevent and reduce the transmission of COVID-19 among USAID staff and visitors and to ensure safe operations and a healthy work environment. The Agency will revise the Safety Plan based on new or revised guidance from the Federal government and public-health authorities, including the CDC and the local governments of the NCR jurisdictions, and will communicate updates on its website.

Failure to follow the Safety Plan guidelines can result in disciplinary action for USAID employees and contractors. General questions may be directed to readiness@usaid.gov.

COVID-19 Coordination Team
USAID's Critical Coordination Structure within the Bureau for Management (M/CCS) developed this Safety Plan and serves as the Agency's designated COVID-19 Coordination Team on workplace safety, as required under the Office of Management and Budget (OMB) Memorandum M-21-15. Per OMB M-21-15, M/CCS includes a member of the Senior Executive Service, the Deputy Director for the Office of Management Services (M/MS), and includes the Agency Chief Medical Officer and occupational safety subject-matter experts from the M Bureau. M/CCS also coordinates with the following USAID offices on safety matters: Chief Information Officer (M/CIO), Acquisition and Assistance (M/OAA); Security (SEC), Human Capital and Talent Management (HCTM), Civil Rights and Diversity (OCRD), and the General Counsel (GC).

M/CCS has oversight for Safety Plan management and conforming updates and meets regularly with the Agency's senior leadership to review substantive updates to, and compliance with, the Safety Plan, and to evaluate any other operational needs related to COVID-19 workplace safety.

M/CCS and Agency senior leadership coordinate all decisions, where appropriate, with the Facility Security Committee, as well as with GSA, and the lessor's designated representative.

HEALTH AND SAFETY

COVID-19 Community Level

To assure the continued safety of Agency personnel, USAID monitors, on at least a weekly basis, the COVID-19 Community Level in Washington, D.C., and Loudoun County and uses the local conditions and guidelines outlined in the USAID Safe Access to Facilities Evaluation (SAFE) Process to make decisions on COVID-19 transmission mitigation requirements and the operating status of domestic facilities.

If the COVID-19 Community Level is medium or high, USAID may implement more restrictive operational policies and procedures than outlined in this Safety Plan to maintain its commitment to the health and safety of personnel.

Federal Workplace Safety Protocols Based on the COVID-19 Community Level in the County Where a Federal Facility is Located

COVID-19 Community Level	Mask Wearing	Screening Testing*	Vaccine Attestation	Meeting Approvals
LOW	Not Required	Not Required	Required for direct-hire staff	Not Required
MEDIUM	Not Required	Required	Required for staff, contractors, and visitors	Not Required
HIGH	Required	Required	Required for staff, contractors, and visitors	Required for in-person meetings, conferences, or events hosted by USAID for more than 50 participants

*Applies to individuals who have not provided documentation that they are up-to-date on vaccinations.

When a locality in the NCR imposes more protective pandemic-related safety requirements than those outlined by CDC and SFWTF guidance, local requirements are followed in Agency facilities.

Vaccination

Requirement
Effective November 22, 2021, Federal employees must be fully vaccinated, except in limited circumstances where an individual is legally entitled to an exception (Executive Order 14043). Additionally, executive departments and agencies have been directed to ensure that contracts and contract-like instruments covered by the order include a clause requiring the contractor—and their subcontractors at any tier—to, for the duration of the contract, comply with all guidance published by the SFWTF (Executive Order 14042).

In implementing Executive Orders 14043 and 14042, the Agency will comply with all relevant court orders, including by following current OMB and SFWTF guidance. Federal employees and covered contractor employees who are on maximum telework or working remotely are not excused from the requirement to be fully vaccinated.

Collection of Vaccination Documentation and Information
As a requirement for implementing workplace safety protocols, staff are required to submit their vaccination status, including whether they are up-to-date on vaccinations. USAID collects information necessary to verify that an employee (direct-hire or personal services contractor) is fully vaccinated and up-to-date. This includes the type of vaccine administered, the number of doses received, date of administration of each dose, and the submission of an approved form of required documentation, as set forth below. When providing this information, individuals must certify under penalty of perjury that the information they are submitting is true and correct.

Acceptable forms of proof are copies of the following:

- Record of immunization from a health care provider or pharmacy;
- CDC COVID-19 Vaccination Record card;
- Medical records documenting the vaccination;
- Immunization records from a public health or state immunization information system; or,
- Any other official documentation containing the required data points:
  - type of vaccine administered;
  - date(s) of administration; and,
  - the name of the healthcare professional(s) or clinic site(s) administering the vaccine(s).

A digital copy of such records is acceptable, including: a digital photograph, scanned image, or PDF of such a record that clearly and legibly displays the information outlined above. A recent antibody test cannot be used to prove vaccination status.

In requesting this information, USAID will comply with any applicable Federal laws, including requirements under the Privacy Act and Rehabilitation Act of 1973. Individuals are provided with a Privacy Act statement at the point of collection. The Agency does not maintain this information in the Official Personnel Folder. USAID takes steps to promote privacy and IT security, while also providing the relevant information to those who need to know in order to implement the safety protocols.[1]

If required, institutional support contractors will provide vaccination documentation to their employer. The Agency coordinates with M/OAA on the application of safety protocols to onsite contractor employees.

Vaccination Status Attestation Among Onsite Contractor Employees
When the COVID-19 Community Level is medium or high, onsite contractor employees should attest to their vaccination status by carrying a completed Certification of Vaccination while in USAID facilities.

USAID may email the Certification of Vaccination to contractor employees in advance of their time onsite, but USAID will not maintain Certification of Vaccination forms from contractor employees unless it has a system of records notice that covers its collection of this information from onsite contractor employees. For those onsite contractor employees who do not have access to email, USAID will have printed copies of the form at the entry point to the worksite.

Duty Time and Leave Related to Vaccination
The time an employee spends obtaining any required COVID-19 vaccination dose (including travel time) is duty time; thus, there is no need for the employee to take administrative leave for such time during the employee's basic tour of duty. Employees may not be credited with administrative leave for time spent obtaining a required vaccination dose. If, due to unforeseen circumstances, the employee is unable to obtain the vaccine during basic tour of duty hours the normal overtime hours of work rules apply.

In most circumstances, the Agency authorizes employees to take up to four hours to travel to the vaccination site, complete any vaccination dose, and return to work—for example, up to eight hours of duty time for employees receiving two doses. The Agency requires employees taking longer than four hours to document the reasons for the additional time (*e.g.,* they may need to travel long distances to get the vaccine). Reasonable transportation costs that are

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[1] OPM/GOVT-10, Employee Medical File System of Records, 75 FR 35009 (June 21, 2010) modified by 80 FR 74815 (November 30, 2015); USAID-01, Foreign Service Personnel Records, 80 FR 11387 (March 3, 2015); USAID-01, Foreign Service Personnel Records, 80 FR 11387 (March 3, 2015); USAID-32, Reasonable Accommodation Records, 81 FR 70085 (October 11, 2016)

incurred as a result of obtaining the vaccine are handled the same way as local travel or temporary duty cost reimbursement is handled based on Agency policy and the Federal Travel Regulation. Employees will receive up to two days of administrative leave if an employee has an adverse reaction to any COVID-19 vaccination dose that prevents the employee from working.

For vaccination doses that are not required by USAID, employees can use administrative leave for the time to obtain the vaccination. Employees may receive up to four hours of administrative leave per dose, including a booster shot or any authorized additional doses, to accompany a family member being vaccinated. For this purpose, a "family member" is an individual who meets the definition of that term in OPM's leave regulations (see 5 CFR 630.201). Employees should obtain advance approval from their supervisor before being permitted to use administrative leave for COVID-19 vaccination purposes. Employees are not credited with administrative leave or overtime work for time spent helping a family member get vaccinated outside regular duty hours. This policy applies to covered vaccinations received after July 29, 2021.

Enforcement
To ensure compliance with an applicable preliminary nationwide injunction, which may be supplemented, modified, or vacated, depending on the course of ongoing litigation, the Agency will take no action to implement or enforce the COVID-19 vaccination requirement pursuant to Executive Order 14043. SFWTF guidance on other Federal agency safety protocols based on vaccination status remains in effect.

Visitors
When the COVID-19 Community Level is medium or high, visitors are required to carry a completed and signed copy of the Certification of Vaccination with them in USAID facilities (the form will be available at facility entrances and by emailing readiness@usaid.gov). Those who are not fully vaccinated or who decline to provide information about their vaccination status must physically distance in USAID facilities.

When the COVID-19 Community Level is medium or high, visitors who are not up-to-date on vaccinations, or have not provided information on their vaccination status, must provide proof of a negative COVID-19 test from no later than the previous three days prior to entry to a Federal building. They must show the attestation and negative test (if required) to the person escorting them to the meeting. Meeting hosts are required to ensure that visitors follow the Safety Plan guidelines.

Compliance with Applicable Federal Laws and Attention to Privacy and IT Security
In requesting vaccination information from staff and visitors, the Agency: (1) complies with any applicable Federal laws, including requirements under the Privacy Act and the Paperwork Reduction Act, and any applicable collective bargaining obligations; (2) takes steps to promote privacy and IT security, while also providing the relevant information to those who need to know in order to implement the safety protocols; (3) consults with its Agency Records Officer, Chief Information Officer, and Senior Agency Official for Privacy to determine the best means to maintain this information to meet the Agency's needs; and (4) only disseminates this vaccination information to the appropriate Agency officials who have a need to know to ensure effective implementation of the safety protocols, which, in many cases, includes the supervisor level.

Limited Legally Required Exceptions
When a Federal employee is required to be vaccinated, employees must be fully vaccinated other than in limited circumstances where the law requires an exception. In particular, the Agency may be required to provide an accommodation to individuals who communicate to the Agency that they are not vaccinated against COVID-19 because of a disability or because of a sincerely held religious belief, practice, or observance. Determining whether an exception is legally required will include consideration of factors such as the basis for the claim; the nature of the individual's job responsibilities; and the reasonably foreseeable effects on the Agency's operations, including protecting other USAID staff and the public from COVID-19. Because such assessments will be fact- and context-dependent, the Agency will consult its GC with questions related to assessing and implementing any such requested accommodations.

For information on vaccine requirement accommodations due to a medical condition or exceptions for religious beliefs, practices, or observances, please refer to the section on Reasonable Accommodation.

Definition of Fully Vaccinated and Up-to-Date
Individuals are considered <u>fully vaccinated</u> for COVID-19 two weeks after they have received the second dose in a two-dose series (Pfizer-BioNTech or Moderna), or two weeks after they have received a primary and booster dose of Johnson and Johnson (J&J)/Janssen vaccine. CDC recommends that fully vaccinated individuals stay <u>up-to-date</u> with COVID-19 vaccine <u>boosters</u> when eligible.

This guidance applies to COVID-19 vaccines currently either approved or authorized for emergency use by the U.S. Food and Drug Administration (Pfizer-BioNTech, Moderna, and Johnson & Johnson [J&J]/Janssen COVID-19 vaccines). This guidance can also be applied to COVID-19 vaccines that have been listed for emergency use by the World Health Organization

(e.g., AstraZeneca/Oxford). More information is available at Interim Clinical Considerations for Use of COVID-19 Vaccines.

USAID supports vaccination for all staff.   To find COVID-19 vaccine locations, search vaccines.gov, text your zip code to 438829, or call 1-800-232-0233.

Face Masks and Physical Distancing

USAID requires face masks to be worn in accordance with current CDC guidance and local ordinances. Masks are required in USAID domestic facilities when the COVID-19 Community Level is high. Mask requirements in USAID facilities will continue to conform to SFWTF recommendations, CDC guidance, and local ordinances.

While masks are not required in USAID domestic facilities unless the COVID-19 Community Level is high, anyone who prefers or needs to wear a mask may do so. Masks are available in the 14th Street lobby of the Ronald Reagan Building (RRB), the lobby of the USAID Annex Building (UAB), and at the Alternate Operating Facility.

When masking is required, CDC recommends wearing the most protective mask possible, one that fits well and can be worn consistently, including: cloth masks, disposable procedure masks, and respirators (*e.g.,* N95 and KN95):

- Appropriate masks should be worn consistently and correctly (over the nose and mouth) and should comply with CDC mask recommendations;
- Appropriate masks should be worn in any common areas or shared workspaces (including all workstations/cubicles), but may be removed if an individual is alone in an office with floor-to-ceiling walls and a closed door, or for a limited time when eating or drinking at one's workstation; and,
- Federal Protective Service guards may request an individual to lower their mask briefly to verify identity.

Signage will be posted when mask-wearing is required.

Any issues related to compliance with mask requirements should be immediately directed to your supervisor, who will notify M/CCS at readiness@usaid.gov. USAID staff in need of reasonable accommodation related to not being able to wear a mask, will be referred to the OCRD/Reasonable Accommodation (OCRD/RA) Program for management (refer to the Reasonable Accommodation section).

Regardless of the COVID-19 Community Level, CDC guidance directs those who are not up-to-date on vaccinations to stay at least six feet away from other people when indoors.

COVID-19 Testing

Screening Testing

When the <u>COVID-19 Community Level</u> is medium or high, employees, contractors and visitors who work onsite and are not up-to-date on vaccinations, or have not provided information on their vaccination status, are required to undergo regular screening testing. These individuals are required to provide proof of a negative COVID-19 test from no later than the previous three days prior to entry to USAID facilities and weekly for any entry during the week.

Reimbursement for Diagnostic and Travel Testing

If diagnostic testing is required following a workplace exposure, individuals should submit a claim to their insurance company first for reimbursement. Employees and personal service contractors may submit for USAID secondary reimbursement any costs for diagnostic testing following a workplace exposure not covered by insurance.

If testing is required for official travel, individuals should submit for USAID direct reimbursement up to $500 per test as part of the Travel Authorization. When testing is required for official travel, the Agency provides primary reimbursement, rather than secondary.

Contact Tracing

The Risk and Case Assessment Team (RCAT) establishes a response action plan in the event of a confirmed positive COVID-19 infection of an individual who has been in USAID's domestic facilities. The RCAT will use information reported to the Command Center to locate and notify other individuals who may have been exposed.

In all reports of suspected or confirmed positive COVID-19 exposure, USAID will prioritize the health and safety of the workforce and visitors, and will emphasize transparency to keep everyone informed about potential exposure to COVID-19 at domestic facilities, while maximizing respect for personal privacy and confidentiality. USAID is fully committed to transparency in communicating related information to the workforce and visitors consistent with local and Federal privacy and confidentiality regulations and laws. The Agency consults, as appropriate, with its Agency Records Officer, Chief Information Officer, Chief Medical Officer, Senior Agency Official for Privacy, and Agency legal counsel to determine appropriate information management protocols.

Medical professionals administering the COVID-19 test and providing direct medical support to individuals who test positive have the responsibility to report cases to public health officials pursuant to notification requirements. USAID's Chief Medical Officer will report cases to public health officials when there is a direct link to USAID's facilities and workplace exposures. USAID

records possible work-related COVID-19 infections as required by OSHA. OSHA reports are confidential and do not require personal identifying information. The M Bureau's Headquarters Management Division (M/MS/HMD) notifies the GSA Building Manager of the location of positive cases to ensure that outside air is brought into the identified area(s).

Travel

There are no government-wide limits on official travel for Federal employees who are fully vaccinated.

For those who are not up-to-date on vaccinations, or have not provided information on their vaccination status, official domestic travel should be limited to necessary mission-critical trips. International travel should also be avoided, if at all possible, unless it is mission critical (*e.g.,* military deployments, COVID-19 response deployments or activities, diplomats traveling, high-level international negotiations that cannot occur remotely).

Federal employees and contractors should adhere strictly to CDC guidelines before, during, and after travel, regardless of whether the travel is for personal or official business. Staff should exercise judgment, consult the latest guidance prior to planning domestic or international travel, and follow in-country travel guidelines for the destination and reentry to the home community at the end of travel. USAID will implement travel policies based on CDC guidance and local conditions, both domestically and overseas.

Travelers and approving officials must ensure due diligence in preparing for temporary duty travel (travelers are still subject to changing global requirements for quarantine). In an effort to continue managing travel based on local conditions, the Mission Director and/or Chief of Mission may implement temporary or new protocols for approving temporary duty travelers. All staff considering traveling on temporary duty must follow these standard requirements before commencing travel.

Leave Related to Quarantine or COVID-19 Infection

Official or personal travel may result in a mandatory quarantine before individuals are allowed to return to the workplace. Staff are informed of quarantine requirements at posts through the electronic country clearance (eCC) process, and their control officer for the visit. Staff are eligible for maximum telework flexibilities to maintain work status during any required quarantine period. If an individual becomes sick during official travel and is unable to telework while in travel status, Chapter 14 Section 574.5-3 of the DoS Foreign Affairs Manual (14 FAM 574.5-3) will apply.

If quarantine is required because of personal travel, and the employee is otherwise expected to be present onsite, the employee may take personal leave while quarantining. If an employee refuses to quarantine or refuses to take personal leave while under mandatory quarantine after personal travel, USAID may elect to bar the employee from the workplace for the safety of others. If USAID bars the employee from the workplace, the employee must be placed on administrative leave until the Agency determines what status the employee should be placed in while on quarantine. USAID, however, should avoid placing an employee on extended administrative leave in this situation and should act quickly to determine the appropriate status for the employee.

Meetings, Events, and Conferences

When the COVID-19 Community Level is high, in-person meetings, conferences, or events that will be hosted by USAID and attended by more than 50 participants require the approval of the Deputy Administrator for Management and Resources, as delegated by the Administrator.

When the COVID-19 Community Level is medium or high, in-person attendees at any meetings, conferences, and events hosted by USAID, regardless of event size, are asked to attest to vaccination status using the Certification of Vaccination. In requesting this information, USAID complies with any applicable Federal laws, including requirements under the Privacy Act and the Paperwork Reduction Act. A designee for the hosted meeting, conference, or event will verify, but not collect, the Certification of Vaccination. For those who are not up-to-date on vaccinations, or have not provided information on their vaccination status, the host designee will verify the participant's negative COVID-19 test result.

Symptom Monitoring, Quarantine, Isolation, and Self-Reporting

If Federal employees, onsite contractors, or visitors have symptoms consistent with COVID-19, they should not enter the Federal workplace.

Quarantine, Isolation, and Steps for Individuals Following Exposure to Someone with Suspected or Confirmed COVID-19
Any individual with a suspected or confirmed case of COVID-19, or who has had close contact with someone who tested positive for COVID-19, should follow CDC and state and local guidance for quarantine and isolation. CDC quarantine and isolation recommendations vary based on up-to-date COVID-19 vaccination status or history of prior COVID-19 infection in the past 90 days.

Self-Reporting Positive COVID-19 Cases and Exposures
Employees, contractors, and visitors are to notify their supervisors or visitor host as soon as possible if:

- They receive a positive COVID-19 test within two days after being in a USAID facility; or
- They have accessed USAID facilities within the past 14 days and have been exposed to (for a cumulative 15 minutes or more over a 24-hour period) and in close proximity with (less than six feet apart) a person suspected or known to have COVID-19.

Supervisors or visitor hosts then notify the USAID Command Center, which convenes the RCAT. Visitor names and personally identifying information should not be provided to the Command Center. The Chief Medical Officer will follow up to obtain this information for case assessment.

- **Staff and Visitors—If you begin to exhibit <u>COVID-19 symptoms</u> in a USAID facility:**
    - If you have a mask, put it on, ensuring it covers your nose and mouth and fits tightly to your face;
    - Notify your supervisor (or host) that you are leaving the facility and isolate until you can leave;
    - Leave the building while practicing physical distancing; and
    - Notify your doctor and follow their guidance.

- **Supervisors and Visitor Hosts—If you receive a report of a suspected or confirmed case of COVID-19:**
    - Notify the USAID Command Center at (202) 712-1234 x 7, <u>usaidcommandcenter@usaid.gov</u>, who will initiate protocols for the Risk and Case Assessment Team; and,
    - Remember to protect privacy and confidentiality consistent with the <u>Rehabilitation Act</u> and the <u>Privacy Act of 1974</u>.

Confidentiality and Privacy

All medical information collected from individuals, including vaccination information, test results, and any other information obtained as a result of testing and symptom monitoring, will be treated in accordance with applicable laws and policies on confidentiality and privacy, and will be accessible only to those with a need to know. Questions regarding personal medical information can be addressed to <u>readiness@usaid.gov</u>.

WORKPLACE OPERATIONS

Occupancy

To assure the continued safety of Agency personnel, USAID will monitor the COVID-19 Community Level in Washington, D.C., and Loudoun County and will use the local conditions, including those outlined in the USAID Safe Access to Facilities Evaluation (SAFE) Process, to make decisions on the operating status and occupancy of domestic facilities.

Environmental Cleaning

Enhanced daily cleaning of high-touch and high-density spaces (lobbies, elevators, personal-identity verification [PIV] card readers, door handles, stairwells, restrooms) has been in place in all of USAID's facilities since March 2020 and will continue for the foreseeable future. All areas are cleaned using products approved by the U.S. Environmental Protection Agency (EPA) in accordance with guidelines issued by DoL/OSHA.

In the event of a suspected or confirmed case of COVID-19, M/MS has additional cleaning processes of the spaces that the individual occupied or accessed in accordance with CDC guidance and, where applicable, GSA guidance, which provides as follows:

- If fewer than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, the space will be cleaned and disinfected.
- If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, the space will be cleaned and may be disinfected depending on certain conditions.
- If more than three days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, regular cleaning practices will be followed.

If enhanced cleaning is required, the Agency will wait as long as possible, at least several hours, before cleaning and disinfecting to allow increased opportunity for viral deactivation to occur naturally, while also allowing time for aerosols to settle, prior to surface disinfection. The RCAT, in conjunction with M/CCS, will determine the appropriate scope of workplace closures needed.

When leaving for the day, staff are expected to: (1) keep desktops as clear as possible to facilitate cleaning in the case of a positive COVID-19 report; and (2) take home their Government-issued laptops (if they work in an Unrestricted Area), PIV cards, keys, purses, bags, clothes, food, and any items left in the galley refrigerators or sinks. Because workstations are not cleaned each night by GSA, B/IOs will make available cleaning wipes and other EPA-approved disinfectants, as necessary, for individuals to wipe down their workstation, equipment, and related personal property within their occupied areas. Staff should clean their

workspace surfaces at the end of a work period if another staff member will use the workstation within the next 24 hours.

Multi-user equipment or facilities including secured-network terminals or SCIFs require users to wipe equipment before and after each use.

Hygiene

Staff are strongly encouraged to continue washing their hands with soap throughout the day for at least 20 seconds each time. Automatic hand sanitizer dispensers are available in all entry lobbies and elevator lobbies. All sanitizer will be at least 60 percent ethanol and manufactured in accordance with the requirements of the U.S. Food and Drug Administration (FDA). There are important differences between washing hands with soap and water and using hand sanitizer. Refer to the CDC website about when to use hand sanitizer. M/MS and the Agency's OSHA team will inspect hand sanitizers to ensure they are not on the FDA's list of products not to be used.

Ventilation and Air Filtration

GSA is working to ensure that the buildings' ventilation systems are operating in accordance with current CDC recommendations. GSA conducted a project in the RRB from April to August 2021 that verified that the building's heating, ventilating and air conditioning systems are: in compliance with the ANSI/ASHARE Standard 62.1-2019 Ventilation for Acceptable Indoor Air Quality for the Air Handling Units; and, that the air distribution levels are running properly with increased ventilation to maximize outside air. To improve the air filtration in the RRB tenant office space, GSA replaced all of the RRB filters with MERV-13 type filters in August 2020. When a COVID-19 case is confirmed, outside air is brought into the affected areas. GSA also performs routine preventative maintenance four times a year on air handler units.

The UAB is a much newer facility than the RRB and is certified by Leadership in Energy and Environmental Design (LEED) at the Gold level. The Gold level, awarded to the UAB in August 2020, indicates enhanced indoor air quality strategies including improved filtration and ventilation.

USAID will perform independent air quality testing at least annually.

Collective Bargaining Obligations

Consistent with President Biden's policy to support collective bargaining, USAID will satisfy applicable collective bargaining obligations under 5 U.S.C. Chapter 71 and the Foreign Service Act when implementing this Safety Plan, including on a post-implementation basis where necessary. The Agency will also communicate regularly with employee representatives on workplace safety matters.

REASONABLE ACCOMMODATION

Under the Automated Directives System (ADS) Chapter 111 (*Procedures for Providing Reasonable Accommodation for Individuals with Disabilities*) and the Rehabilitation Act of 1973, a reasonable accommodation is an adjustment made to deal with the effects of a disability and, thereby, enable a qualified individual to perform the essential functions of the position and enjoy the benefits and privileges of employment. USAID staff in need of reasonable accommodation during and after the COVID-19 pandemic should contact the OCRD/Reasonable Accommodation (OCRD/RA) Program at ReasonableAccommodations@usaid.gov. OCRD/RA processes requests for reasonable accommodations, to include, but not limited to, a new accommodation request or modifications to an approved accommodation(s), including to address any difficulty related to mask wearing, conditions that leave individuals at a higher risk of COVID-19 even after vaccination, and the ability to receive a COVID-19 vaccination due to a medical condition(s).

When a Federal employee is required to be vaccinated, employees may request an exception to the COVID-19 vaccination requirement due to a sincerely held religious belief, practice, or observance. OCRD has established an advisory committee, composed of members from OCRD, GC, and HCTM, to review all exception requests. Recommendations will be issued to supervisors, who will make the final decision on granting the exception. If the exception is granted by the Agency, employees may request an accommodation.   Contact OCRD's Diversity, Equity, and Inclusion Division, at ocrd-diversity-Inclusion@usaid.gov for additional guidance on exceptions.

ANNEX - USAID Safe Access to Facilities Evaluation (SAFE) Process

1. Overview

As the Agency continues to manage the impact of COVID-19 on its operations, the Critical Coordination Structure within the Bureau for Management (M/CCS) has developed the USAID **Safe Access to Facilities Evaluation (SAFE) Process** for assessing COVID-19-related risk indicators to determine restrictions to onsite staffing and ensuring the safe return to the workplace for our domestic workforce. The USAID SAFE Process aligns with the COVID-19 Mitigation Process issued by the Department of State (DoS) to replace Diplomacy Strong as the framework for mitigating COVID-19. It complements and is incorporated into the USAID COVID-19 Domestic Workplace Safety Plan and Domestic Workplace Guidelines (Safety Plan) by serving as the tool for determining the appropriate operating status of domestic facilities, while the Safety Plan codifies safety protocols in the facilities.

The SAFE Process redefines USAID's approach to three categories of facilities access based on local conditions: mission critical functions only, mission critical plus onsite-preferred functions, and resuming full workplace access. The SAFE Process should be used to make decisions on the operating status of domestic facilities using the indicators described below.

2. Guiding Principles

Guiding Principles for the SAFE Process are as follows:

- **Safety and health** for all personnel;
- **Conditions-based** approach**;** and,
- **Medical, health, and local conditions** will be the primary risk indicators for determining operating status.

Conditions for changing the operating status will be evaluated by M/CCS and M/CCS will present recommendations to the Deputy Administrator for Management and Resources (DA). Guidance from the Safer Federal Workforce Task Force (SFWTF), the Centers for Disease Control and Prevention (CDC), the Office of Management and Budget (OMB), and USAID's own lessons learned throughout the pandemic will inform our overall approach. The approach will evolve to incorporate updated guidance as new information becomes available.

Clear and timely communications will be shared to ensure all personnel are informed. Sufficient advance notice will be provided for any changes to domestic operating status - a minimum of 30 days notice for a change that increases facility access, though reversion to a more restrictive operating status may be made without advance notice on an emergency basis.

3. Key Definitions

Risk Indicators: Describe a measure used to identify events that present an increased risk and require deliberation. Risk indicators should be considered in the aggregate (*e.g.,* a lower vaccination rate may carry less weight if most other local conditions are far more favorable, such as COVID-19 Community Level).

COVID-19 Community Level: This is a CDC county-level tool to help communities decide what prevention steps to take based on the latest data. CDC designates levels as low, medium, or high based upon hospital bed usage, hospital admissions, and the total number of new COVID-19 cases in an area.

Workforce Vaccination Rate: Vaccination rate of the USAID workforce. Rates broken down by three levels: High rate of vaccination: >90 percent; Moderate rate of vaccination: >80 percent; and Low rate of vaccination: <80 percent. For this indicator, USAID uses the definition of up-to-date on vaccination.

Local Conditions: Local conditions including state-level responses where applicable:

- **Stay At Home Requirements** – Public health authorities' guidance on shelter-in-place or other in person restrictions that promote safety.
- **Local Schools, Workplaces, and Public Venues Closings** – Capacity for normal operations.
- **Public Transportation** – Availability of public transportation.
- **Restrictions on Internal Movements or Internal Travel Controls** – Capacity to travel between regions/cities, including travel screenings and/or restrictions.
- **Cases Reported in USAID Domestic Facilities** – Levels of COVID-19 positive case reports in USAID domestic facilities.

Operating Status: The operating status of domestic facilities should be determined based on the aggregate assessment of COVID-19 risk indicators. Three options for operating status are to be considered (defined below). These options are listed from most restrictive to least restrictive—expanding onsite presence as local conditions allow.

- **Mission Critical Only:** Staff performing functions essential to the continuity of government or operations, including mission-critical work required to be performed onsite. Staff are permitted onsite only to the extent necessary to perform mission-critical functions.

  Questions to help assess job functions as mission critical:

  - Is the individual's function essential to the continuity of government or operations, or does the individual's function include mission-critical work related to disaster or humanitarian assistance?

AND

○ Does the individual's function require onsite work (*e.g.,* does the individual need to access classified information to do their job) during the time the individual would perform them?

Examples of mission-critical functions include:

○ Accessing classified information or systems (*e.g.,* engaging with the National Security Council on daily, regular, or recurring schedule in person, in a USAID sensitive compartmented information facility [SCIF], or at classified terminals; and USAID workforce requiring daily, regular, or recurring access to classified national security information-technology [IT] systems);
○ International disaster first responders and food-assistance personnel required to travel or access domestic facilities, or support these responders;
○ Career personnel identified in the line of succession or continuity of operations (COOP) plan, or essential for the Agency to execute its Mission Essential Functions (MEFs);
○ Facilities support, emergency response, COOP and readiness personnel focused on health and safety response, and other facilities and real property functions necessary to protect safety and property;
○ Security personnel; or,
○ IT workforce to support classified national-security IT systems or mission critical functions and personnel.

● **Mission Critical Plus Onsite-Preferred:** Includes mission-critical staff, staff performing tasks that require onsite presence to perform functions or use information from systems or resources that cannot be accessed remotely or via an approved government furnished equipment (GFE) mobile device, and staff who either prefer to work onsite on a voluntary basis or who have been requested to work onsite. If a more restrictive operating status is required to respond to local conditions (*e.g.,* Mission Critical only), staff with a preference to work onsite may be required to telework.

Onsite-preferred job functions include:

○ Mission-critical functions above;
○ Unclassified information access that is not available over approved GFE mobile systems (*e.g.,* paper files, etc.);
○ Resource or equipment located or available only at a USAID location (*e.g.,* vehicles, mail processing equipment, *etc.*);
○ Functional requirement for in-person collaboration with Agency interlocutors;
○ Functional requirement for in-person collaboration with the interagency or other interlocutors (*e.g.,* classified discussion, personnel-sensitive discussion, *etc.*), or,
○ Tasks or functions which are more effectively or efficiently conducted onsite.

Questions to help assess job functions that are onsite-preferred:

- For functions that must be performed onsite, could the failure to perform the work in a timely and efficient manner have budgetary or other negative consequences to the mission?
- Would a failure to perform the job functions or to do so in a timely fashion create potential liability for the Agency due to non-compliance with a policy, regulation, or mandate?
- Are there time-sensitive functions or a backlog of overdue activities that need to be addressed urgently and require onsite presence (*e.g.,* deferred maintenance)?
- Is a function or specific task performed more effectively or efficiently in onsite facilities?

Examples of onsite-preferred functions include:

- Certain in-person meetings that are internal to the Agency;
- Functions that require use of classified material;
- Facilities maintenance; and,
- Onsite support for principals.

- **All Functions**: All personnel, including Federal employees and contractors, have onsite facility access to perform duties. Management has full flexibility for onsite presence consistent with remote and mobile work schedules to achieve mission objectives.

4. Official Information Sources

M/CCS will monitor the SAFE risk indicators on a weekly basis, and update the USAID COVID-19 Data Tracker with the latest COVID-19 conditions. Reference materials include:

- CDC COVID-19 Community Level
- Johns Hopkins University COVID-19 Dashboard
- Oxford COVID-19 Government Response Tracker

5. Determination Process

M/CCS will monitor the SAFE risk indicators and make an operating status recommendation to the DA for final determination. The process for determining domestic operating status changes is as follows:

1. On a weekly basis, M/CCS reviews the SAFE risk indicators, and updates the USAID COVID-19 Data Tracker. In the case of rapid changes in risk indicators, M/CCS will review the indicators more frequently than once weekly.
2. When reviewed in aggregate, if the SAFE indicators warrant a proposed change in operating status, M/CCS recommends the appropriate operating status and the proposed date of the change to the DA. For changes to operating status that increase access to domestic facilities, a minimum of 30 days advance notice to the workforce is

required to allow sufficient time for staff to prepare for the changed operating status. For changes to operating status that decrease access to domestic facilities, there is no minimum advance notice requirement and changes may be implemented immediately to respond to emergent conditions.

3. The DA reviews the recommendation and determines the appropriate operating status for USAID domestic facilities and date of implementation.
4. M/CCS communicates appropriate notice to the workforce of the change in operating status.

6. Operating Status

The following section outlines the conditions and recommended actions for each operating status option from least restrictive to most restrictive, and provides illustrative risk levels for each operating status. The determination of status will be based on an aggregate assessment of local conditions based on the criteria outlined below.

Mission-Critical Functions Only (Most Restrictive)

Risk Indicators: The following risk indicators and levels are to be assessed for operation of mission-critical functions:

1. **COVID-19 Community Level:** Designated as high.
2. **Staff Vaccination Rates:** Low rate of vaccination across the workforce (<80 percent).
3. **Local Conditions:**
    a. Stay at Home Requirements: In effect.
    b. School Closings: Closed.
    c. Workplace Closings: Closed.
    d. Public Transportation: Operational, limited capacity.
    e. Restrictions on Internal Movement: Travel Restricted.
    f. Many cases reported in USAID Domestic Facilities.

Mission-Critical Plus Onsite-Preferred (Less Restrictive)

Risk Indicators: The following risk indicators and levels are to be assessed for operation of mission-critical plus onsite-preferred functions:

1. **COVID-19 Community Level:** Designated as medium.
2. **Staff Vaccination Rates:** Moderate rate of vaccination across the workforce (>80 percent).
3. **Local Conditions:**
    a. Stay at Home Requirements: None in effect.
    b. School Closings: Remain open; limited capacity.
    c. Workplace Closings: Remain open; limited capacity.
    d. Public Transportation: Operational, limited capacity.
    e. Restrictions on Internal Movement: Travel permitted.
    f. Some cases reported in USAID Domestic Facilities.

All Functions (Least Restrictive)

Risk Indicators: The following risk indicators and levels are to be assessed for operation of all functions:

1. **COVID-19 Community Level:** Designated as low.
2. **Staff Vaccination Rates:** High rate of vaccination across the workforce (>90 percent).
3. **Local Conditions:**
   a. Stay at Home Requirements: None in effect.
   b. School Closings: None.
   c. Workplace Closings: None.
   d. Public Transportation: Normal Operations.
   e. Restrictions on Internal Movement: Unrestricted travel.
   f. Minimal cases reported in USAID Domestic Facilities.